

EXHIBIT 1

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information—enter all requested information				
1a Name of plan <u>MCKINSEY & COMPANY, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>07/01/1956</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1956</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1956</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MCKINSEY & COMPANY, INC.</u> <u>55 EAST 52ND STREET 21FL</u> <u>NEW YORK, NY 10022</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>13-1826332</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>212-446-7000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>541600</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>13-1826332</u>	2c Plan Sponsor's telephone number <u>212-446-7000</u>	2d Business code (see instructions) <u>541600</u>	
2b Employer Identification Number (EIN) <u>13-1826332</u>					
2c Plan Sponsor's telephone number <u>212-446-7000</u>					
2d Business code (see instructions) <u>541600</u>					

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/01/2015	JAMES E. FARRELL JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/02/2015	GUN KERESTECI
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2014)
v. 140124

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor MCKINSEY & COMPANY, INC. 55 EAST 52ND STREET 21FL NEW YORK, NY 10022	3b Administrator's EIN 13-1826332 <hr/> 3c Administrator's telephone number 212-446-7000 <hr/>
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN <hr/> 4c PN
5 Total number of participants at the beginning of the plan year	5 19213
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 8306 6a(2) 8536 6b 104 6c 11174 6d 19814 6e 60 6f 19874 6g 19814 6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2E 2H 2J b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> <u>0</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE C (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>MCKINSEY & COMPANY, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; vertical-align: top;"> B Three-digit plan number (PN) ► </td> <td style="width: 30%; vertical-align: top;"> <u>001</u> </td> </tr> <tr> <td colspan="2" style="height: 20px;"> </td> </tr> </table>	B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>				
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY & COMPANY, INC.</u>	D Employer Identification Number (EIN) <u>13-1826332</u>				

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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Schedule C (Form 5500) 2014

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

AON CONSULTING INC.

8182 MARYLAND AVENUE
SUITE 1500
ST LOUIS, MO 63105

22-2232264

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	NONE	1251199	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

MCKINSEY & COMPANY, INC.

55 EAST 52ND STREET
NEW YORK, NY 10055

13-1826332

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15	SUBSIDIARY-REC DIRECT EX	539258	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PRICEWATERHOUSECOOPERS PA

300 MADISON AVE.
NEW YORK, NY 10017

13-4008324

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	148160	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Schedule C (Form 5500) 2014

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

WELLS FARGO BANK, N.A.

TRUST OPERATIONS
NW 5159 P.O. BOX 2560
MINNEAPOLIS, MI 55485-5159

94-1347393

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 63	NONE	75584	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

HEWITT ASSOCIATES LLC

100 HALF DAY ROAD
LINCOLNSHIRE, IL 60069

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38 70	NONE	68350	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

BLUE ROCKET ASSOCIATES

118 ROWLAND AVENUE
CLIFTON, NJ 07012

27-2574202

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
99	NONE	60458	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Schedule C (Form 5500) 2014

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

FOLEY/MYERS COMMUNICATIONS, INC.

22 FISHKILL ROAD
COLD SPRING, NY 10516

56-2338129

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
38	NONE	60176	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

EXEC-SEARCH GROUP INC

675 THIRD AVENUE
NEW YORK, NY 10017

13-3662803

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
61	NONE	21656	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

PROSKAUER ROSE LLP

ELEVEN TIMES SQUARE
NEW YORK, NY 10036-8299

13-1840454

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
29	NONE	18680	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)

CBIZ MHM, LLC

1065 AVENUE OF THE AMERICAS
NEW YORK, NY 10018

43-1974695

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	18061	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(a) Enter name and EIN or address (see instructions)

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III	Termination Information on Accountants and Enrolled Actuaries (see instructions) (complete as many entries as needed)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

<p>SCHEDULE D (Form 5500)</p> <p>Department of the Treasury Internal Revenue Service</p>	<p>DFE/Participating Plan Information</p> <p>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p>► File as an attachment to Form 5500.</p>	<p>OMB No. 1210-0110</p>
<p>Department of Labor Employee Benefits Security Administration</p>		<p>2014</p> <p>This Form is Open to Public Inspection.</p>

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
A Name of plan MCKINSEY & COMPANY, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MCKINSEY & COMPANY, INC.	D Employer Identification Number (EIN) 13-1826332

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: **MCKINSEY MASTER RETIREMENT TRUST**

b Name of sponsor of entity listed in (a): MCKINSEY & COMPANY INC.

c EIN-PN 13-1826332-017	d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4234898401
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
----------	---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)	
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
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a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MCKINSEY & COMPANY, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN</u>		B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY & COMPANY, INC.</u>		D Employer Identification Number (EIN) <u>13-1826332</u>

Part I	Asset and Liability Statement
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.	
Assets	(a) Beginning of Year (b) End of Year
a Total noninterest-bearing cash	1a
b Receivables (less allowance for doubtful accounts):	
(1) Employer contributions.....	1b(1) <u>1871000</u> <u>0</u>
(2) Participant contributions.....	1b(2)
(3) Other.....	1b(3)
c General investments:	
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)
(2) U.S. Government securities	1c(2)
(3) Corporate debt instruments (other than employer securities):	
(A) Preferred	1c(3)(A)
(B) All other.....	1c(3)(B)
(4) Corporate stocks (other than employer securities):	
(A) Preferred	1c(4)(A)
(B) Common.....	1c(4)(B)
(5) Partnership/joint venture interests	1c(5)
(6) Real estate (other than employer real property).....	1c(6)
(7) Loans (other than to participants)	1c(7)
(8) Participant loans.....	1c(8) <u>6551899</u> <u>6848807</u>
(9) Value of interest in common/collective trusts	1c(9)
(10) Value of interest in pooled separate accounts	1c(10)
(11) Value of interest in master trust investment accounts	1c(11) <u>3724342000</u> <u>4234898401</u>
(12) Value of interest in 103-12 investment entities.....	1c(12)
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)
(15) Other.....	1c(15) <u>2903841</u> <u>1964642</u>

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1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3735668740	4243711850

Liabilities

g Benefit claims payable	1g	1824227	1963086
h Operating payables	1h	1575162	1601028
i Acquisition indebtedness	1i		
j Other liabilities	1j	939198	2423643
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4338587	5987757

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3731330153	4237724093
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Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	62276767	
(B) Participants	2a(1)(B)	241295227	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		303571994
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	216015	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		216015
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		364571055
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		668359064

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	159687724	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		159687724
f Corrective distributions (see instructions).....	2f		20848
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	235190	
(2) Contract administrator fees.....	2i(2)	1251199	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	770163	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		2256552
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		161965124

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		506393940
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: GRANT THORNTON

(2) EIN: 36-6055558

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e Was this plan covered by a fidelity bond?	4e	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l Has the plan failed to provide any benefit when due under the plan?	4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☐ Yes ☒ No Amount:

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	<b style="text-align: center;">Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). <b style="text-align: center;">▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2014</div> <b style="text-align: center;">This Form is Open to Public Inspection.
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>MCKINSEY & COMPANY, INC. (PSRP) PROFIT SHARING RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px; text-align: center; font-weight: bold;">001</div>	C Plan sponsor's name as shown on line 2a of Form 5500 <u>MCKINSEY & COMPANY, INC.</u>
D Employer Identification Number (EIN) <u>13-1826332</u>		

Part I	Distributions
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All references to distributions relate only to payments of benefits during the plan year.

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u> <u>56-6433588</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? If the plan is a defined benefit plan, go to line 8.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2014
v. 140124

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

d Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month _____ Day _____ Year _____

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ☐

- 19** If the total number of participants is 1,000 or more, complete lines (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: 10.0% High-Yield Debt: _____% Real Estate: _____% Other: 90.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☒ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Financial Statements and
Supplemental Schedule
December 31, 2014 and 2013

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Index
December 31, 2014 and 2013

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- * Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.



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REPORT OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANTS

To the Participants and Administrative Committee and Trustees of the
McKinsey & Company, Inc. Profit-Sharing Retirement Plan

We have audited the accompanying financial statements of the McKinsey & Company, Inc. Profit-Sharing Retirement Plan (the “Plan”), which comprise the statement of net assets available for benefits as of December 31, 2014, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management’s responsibility for the financial statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor’s responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the Plan’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Plan’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

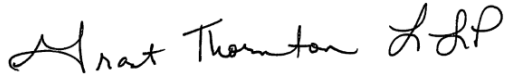
In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of the Plan as of December 31, 2014, and the changes in net assets available for benefits for the year ended December 31, 2014 in accordance with accounting principles generally accepted in the United States of America.

Supplementary information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental schedule of assets (held at the end of the year) as of December 31, 2014 is presented for purposes of additional analysis and is not a required part of the financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such supplementary information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures. These additional procedures included comparing and reconciling the information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the supplemental schedule is fairly stated, in all material respects, in relation to the financial statements as a whole.

Other matter

The financial statements of the Plan as of and for the year ended December 31, 2013, were audited by other auditors whose report dated July 31, 2014, expressed an unmodified opinion on those financial statements.

A handwritten signature in cursive script that reads "Arat Thornton LLP".

New York, New York
July 31, 2015

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2014 and 2013

	2014	2013
Assets		
Investments - Plan interest in the McKinsey Master Retirement Trust	\$ 4,234,898,401	\$ 3,724,342,000
Receivables		
Notes receivable from participants	6,848,807	6,551,899
Firm contributions receivable	-	1,871,000
Total assets	<u>4,241,747,208</u>	<u>3,732,764,899</u>
Liabilities		
Firm Contribution Payable	2,402,794	-
Accrued administrative and other expenses	<u>1,601,028</u>	<u>1,575,162</u>
Total liabilities	<u>4,003,823</u>	<u>1,575,162</u>
Net assets available for benefits	<u>\$ 4,237,743,385</u>	<u>\$ 3,731,189,737</u>

The accompanying notes are an integral part of these financial statements.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2014 and 2013

	2014	2013
Additions to net assets available for benefits		
attributed to:		
Plan interest in the McKinsey Master Retirement		
Trust investment income	\$ 364,571,055	\$ 233,928,481
Interest on participant notes	216,015	211,704
Contributions		
Firm	62,276,767	64,289,582
Participants	245,142,830	75,483,370
Total additions	<u>672,206,667</u>	<u>373,913,137</u>
Deductions from net assets available for benefits		
attributed to:		
Participant benefits	163,396,467	155,836,473
Administrative and other expenses	2,256,552	1,849,520
Total deductions	<u>165,653,019</u>	<u>157,685,993</u>
Net increase	506,553,648	216,227,144
Net assets available for benefits		
Beginning of year	<u>3,731,189,737</u>	<u>3,514,962,593</u>
End of year	<u>\$ 4,237,743,385</u>	<u>\$ 3,731,189,737</u>

The accompanying notes are an integral part of these financial statements.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

1. Description of the Plan

The following brief description of the McKinsey & Company, Inc. Profit-Sharing Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan is a defined contribution plan covering all full and part-time employees of McKinsey & Company, Inc. and subsidiaries (the "Firm"). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Participation

Eligible employees of the Firm become participants in the Plan immediately upon employment. Normal retirement is at age 65. Early retirement is at age 50.

Contributions

Firm contributions are made at the discretion of its Board of Directors. The Plan permits 401(k) pre-tax salary reduction, Roth 401(k) after-tax, and other voluntary after-tax contributions from a participant subject to a combined limitation of 80 percent (70 percent if making Roth or after tax contributions) of a participant's qualified compensation as defined under Section 401(a)(17) of the Internal Revenue Code (the "Code"), or \$17,500 for 2014 and 2013. The Plan's qualified compensation limit was \$170,000 in 2014 and 2013. Participants age 50 or older may make additional catch-up contributions of up to \$5,500 on a 401(k) pre-tax or Roth 401(k) after-tax basis. The maximum total participant and Firm contribution allowed for a participant was \$52,000 and \$51,000 for 2014 and 2013. Rollovers in the Plan at December 31, 2014 were approximately \$188,000,000, the majority of which represent rollovers due to the SRP Plan termination.

Investment Options and Master Trust (See Notes 6 and 7)

Plan assets are held in the McKinsey Master Retirement Trust (the "Trust"). The Trust also includes the investments of the McKinsey & Company, Inc. Money Purchase Pension Plan and the McKinsey & Company, Inc. Supplemental Retirement Plan. Participant contributions and Firm contributions are invested in one or more of the investment portfolios (the "Portfolio") of the Trust as directed by Plan participants. Annually, participants may reallocate balances among the investment portfolios. The plans do not own specific Trust assets unless the Administrative Committee has specified that an investment is allocated only to a specific plan; rather, the plans maintain individual beneficial interests in such assets. The portion of investment assets allocable to each plan is based upon the participant's account balance within each plan. Investment income for each investment is allocated to each plan based on the relationship of each plan's beneficial interest in the investment to the total beneficial interest of all plans in the investment. Details regarding the Trust and the investment options are presented in Notes 6 and 7. The Trust is governed by trustees appointed by the Firm's Board of Directors.

Vesting

Contributions are 100% vested at all times.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

1. Description of the Plan (continued)

Withdrawals

Within limitations set forth in the Plan, participants may withdraw their voluntary contributions at any time. Firm contributions and earnings thereon cannot be withdrawn until termination of service. Participants may use their account balance to purchase life insurance policies as described in Note 7 under Qualified Plan Life Insurance. Participants may elect to receive the value of their accounts under a variety of options including a life annuity or lump-sum distribution.

Administration

The Plan is administered by the Administrative Committee appointed by the Trustees.

Participant Accounts

Each participant's account is credited with the participant's contribution and allocations of (a) the Firm's contribution and (b) Plan earnings, and charged with an allocation of administrative expenses. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant Notes

Plan participants have the right, within limitations, to obtain personal loans from the Plan, collateralized by their interest in the Plan. Interest on these loans is charged at the prime rate, and was 3.25% for new loans in 2014 and 2013. Principal and interest is paid ratably through monthly payroll deductions. Loan terms range from one to five years. Participant notes are reported at cost, which approximates fair value.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accounts of the Plan are maintained and the financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Certain investment values have been estimated as discussed below and those estimates could change significantly in the near term.

Fair Value Measurements

ASC Topic 820, *Fair Value Measurements and Disclosures*, establishes a fair value hierarchy and specifies that a valuation technique used to measure fair value shall maximize the use of observable inputs and minimize the use of unobservable inputs. The objective of a fair value measurement is to determine the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). Accordingly the fair value hierarchy gives the highest priority to valuations based upon unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to valuations based upon unobservable inputs that are significant to the valuation (Level 3).

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

2. Summary of Significant Accounting Policies (continued)

The levels of the fair value hierarchy under FASB ASC Topic 820 are as follows:

Level 1 – Price quotations in active markets/exchanges for identical securities

Level 2 – Other observable inputs (including, but not limited to: quoted prices for similar assets or liabilities in markets that are not active, inputs other than quoted prices that are observable for the assets or liabilities (such as interest rates, yield curves, volatilities, prepayment spreads, loss severities, credit risks, and default rates) or other market-corroborated inputs)

Level 3 – Unobservable inputs based on the best information available in the circumstance, to the extent observable inputs are not available (including the Company's own assumptions used in determining the fair value of investments)

The inputs or methodology used for valuing securities are not necessarily an indication of the risk associated with investing in those securities.

The Trust's investments in the Portfolio funds traded on a securities exchange are classified primarily within Level 1 of the fair value hierarchy.

The Trust's investments in Portfolio funds not otherwise traded on a securities exchange are mostly classified within Level 2 of the fair value hierarchy as the value of these interests are primarily based on the respective net asset value reported by management of each Portfolio fund rather than market transactions and other observable market data. The Trust also considers whether an adjustment to the net asset value reported by the Portfolio fund is necessary based upon various factors, including, but not limited to, the attributes of the interest in the Portfolio fund held, including the rights and obligations, and any restrictions on or illiquidity of such interests, and the fair value of such Portfolio fund's investment portfolio or other assets and liabilities. The significance of any redemption restriction will be assessed in determining if the Portfolio fund investment should be within Level 3.

Trust Investments (See Notes 6 and 7)

Securities listed on a securities exchange or traded over the counter are reported at market value based upon published quotations. Certain commingled investment funds are reported at market value based upon the published quotations for the equity and debt securities comprising these funds. Certificates of deposit and other short-term investments are carried at cost, which approximates fair value because of the short maturity of these investments. Management of the Trust uses valuations, as determined in good faith by the general partners of the partnerships and the managements of the corporations, to value its investments in limited partnerships and investment corporations. Certain commingled investment funds for which no quotations are readily available have been valued by management of the Trust, as determined in good faith by the respective investment manager. The values assigned to the limited partnerships, investment corporations and certain commingled investment funds do not necessarily represent amounts, which might be ultimately realized upon the sale or other disposition, since such amounts depend on future circumstances and cannot reasonably be determined until the actual liquidation occurs.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

2. Summary of Significant Accounting Policies (continued)

Because of the inherent uncertainty of such valuations, those estimated fair values may differ significantly from the values that would have been used had a ready market for the investments existed, and the differences could be material. Forward foreign currency contracts are carried as short-term investments at fair value with gains and losses on these contracts recognized currently in the Trust's financial statements. Futures contracts are carried at market value with gains and losses on these contracts recognized currently in the Trust's financial statements.

Security transactions are recorded on a trade date basis. Interest income is recorded as earned, and dividend income is recorded on the ex-dividend date.

Investment income for each Portfolio and administrative expenses relating to the Trust are allocated to the plans based upon beginning monthly balances invested by each plan.

Payments of Benefits

Benefits are recorded when paid.

Expenses

Normal expenses incurred in connection with security transactions, investment management and custody fees are paid by the Trust. These expenses are deducted in arriving at the investment income that is allocated from the Trust to the Plan. Administrative expenses such as audit and record keeping fees are paid by the Plan. Other administrative expenses not paid by the Trust or Plan are paid by the Firm.

3. Tax Status

The Internal Revenue Service has determined and informed the Firm by a letter dated December 23, 2013 that the Plan is designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes, other than for the allocated portion of unrelated business income tax of the Trust as discussed below, has been included in the Plan's financial statements.

The limited partnerships in which the Trust invests may incur debt to increase earnings. Earnings attributable to such borrowed funds subjects the Trust to unrelated business income tax that, to the extent allocable to the Plan, is included in administrative and other expenses.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain tax position that more likely than not would not be sustained upon examination by the taxing authorities. The Plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2014 there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

4. Modifications and Termination

The Firm intends to continue the Plan indefinitely, but reserves the right to amend or discontinue it at any time. If the Plan is terminated or contributions discontinued, Plan participants will be fully vested in their rights under the Plan and benefits will be distributed either in accordance with provisions of the Plan or as otherwise provided by the Firm's Board of Directors.

5. Risks and Uncertainties

The Plan provides for various investment options through the Trust as presented in Notes 6 and 7. Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of the investments will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

Some of the Plan's investments may be illiquid and the Plan may not be able to vary the Portfolio in response to changes in economic and other conditions. Some of the investments that are purchased and sold are traded in private, unregistered transactions and are therefore subject to restrictions on resale or otherwise have no established trading market. In addition, if the Plan is required to liquidate all or a portion of its portfolio quickly, the Plan may realize significantly less than the value at which it previously recorded those investments. The Plan may from time to time invest in derivative contracts traded over the counter, which are not traded in an organized public market and may be illiquid.

The Trust invests primarily in Portfolio Funds that are not registered under the Investment Company Act of 1940 and invests in and actively trades securities and other financial instruments using different strategies and investment techniques that may involve significant risks. Such risks include those related to the volatility of the equity, credit, and currency markets, the use of leverage associated with certain fixed income strategies, derivative contracts and in connection with short positions, the potential illiquidity of certain instruments and counterparty and broker arrangements.

The Portfolio Funds may invest a higher percentage of their assets in specific sectors of the market in order to achieve a potentially greater investment return. As a result, the Portfolio Funds may be more susceptible to economic, political and regulatory developments in a particular sector of the market, positive or negative, and may experience increased volatility of the Portfolio Fund's net asset value.

The Portfolio Funds may invest in securities of foreign companies that involve special risks and considerations not typically associated with investments in the United States of America, due to concentrated investments in a limited number of countries or regions, which may vary throughout the year depending on the Portfolio Fund. Such concentrations may subject the Portfolio Funds to additional risks resulting from political or economic conditions in such countries or regions and the possible imposition of adverse governmental laws or currency exchange restrictions could cause the securities and their markets to be less liquid and their prices to be more volatile than those of comparable U.S. securities.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

6. Trust Financial Information

The Plan has a 86.9% and 81.0% interest in the McKinsey Master Retirement Trust at December 31, 2014 and 2013, respectively. The statements of net assets of the Trust at December 31 are as follows:

	2014	2013
Assets		
Investments at fair value		
Investments in Portfolio funds	\$ 4,389,722,941	\$ 3,993,962,399
Cash surrender value of life insurance policies	4,709,762	5,127,693
Total Investments	<u>4,394,432,703</u>	<u>3,999,090,092</u>
Assets related to 401(h) account (amount included above in Investments at fair value)	119,945,523	110,030,477
Receivables		
Investments sold	23,517,856	34,112,716
Interest and dividends	27,215	65,302
Other receivables	65,796,711	21,944
	<u>89,341,782</u>	<u>34,199,962</u>
Cash and cash equivalents	553,896,565	722,410,963
Total assets	<u>5,037,671,050</u>	<u>4,755,701,017</u>
Liabilities		
Other payables	45,197,338	52,090,066
Amounts related to obligation of 401(h) account	119,945,523	110,030,477
Total liabilities	<u>165,142,861</u>	<u>162,120,543</u>
Net assets	<u>\$ 4,872,528,189</u>	<u>\$ 4,593,580,474</u>

The Trust applies the authoritative guidance contained in FASB ASC 820-10, *Fair Value Measurements and Disclosures*, for estimating the fair value of investments in Portfolio funds that have calculated net asset value per share in accordance with FASB ASC 946-10, *Financial*

Services-Investment Companies. According to this guidance, in circumstances in which net asset value per share of an investment is not determinative of fair value, the Company is permitted, as a practical expedient, to estimate the fair value of an investment in a Portfolio fund using the net asset value per share of the investment (or its equivalent) without further adjustment, if the net asset value per share of the investment is determined in accordance with FASB ASC 946-10 as of the Trust's measurement date.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

6. Trust Financial Information (continued)

The following table summarizes the Trust's investments and related commitments and redemption restrictions as of December 31, 2014.

Categories	Fair Value as of 12/31/2014	% of Net Assets	Unfunded Commitment	Redemption Frequency ^	Redemption Notice Period
Event Driven	\$ 14,025,931	0.3%		Q	100 Days
Fixed Income	460,720,121	9.5%		D,SA,NA	0-90 Days
Global Equities Long/Short	150,624,713	3.1%		D	3 Days
Global Macro/Trading	455,847,704	9.4%		D,Q, NA	0-45 Days
Liquidating stubs	757,127	0.0%		NA	0 Days
Multi-Strategy	2,797,609,039	57.4%		M	5 Days
Private equities	73,876,184	1.5%	\$ 26,757,000	NA	NA
Short term Investments	(12,369,835)	-0.3%		D	1 Day
US Equities Long/Short	448,631,957	9.2%		D,A,NA	0-1 Days
Total	\$4,389,722,941	90.1%			

^ Daily (D), Weekly (W), Monthly (M), Quarterly (Q), Not Applicable (NA), Semi-Annual (SA) and Annually (A). Some of the Portfolio Funds included in the investment categories above may be in liquidation and therefore subject to longer redemption periods.

The categorization of the Portfolio Funds within the hierarchy is based on the availability of reported net asset values and liquidity and does not necessarily correspond to the Investment Manager's perceived risk of that Portfolio Fund. Investments for which the valuations are indirectly obtained are classified as Level 2, these include quotes for identical items in inactive, or similar items in active/inactive markets.

Portfolio Funds not otherwise traded on a securities exchange would be classified within Level 2 of the fair value hierarchy as the value of these interests are primarily based on the respective net asset value reported by the management of each Portfolio Fund rather than market transactions and other observable market data.

Level 2 also includes valuation sources not directly verifiable, but derived principally from, or corroborated by other market data or quoted prices in inactive markets.

Level 3 Valuations are based on estimates and assumptions developed by the entity which cannot be directly or indirectly verified. These methods would be used to measure fair value to the extent that readily available sources are not available. Level 3 valuation sources are developed based on the best information available in the circumstances. Portfolio Funds which permit redemptions less frequently than quarterly would be classified as Level 3.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

6. Trust Financial Information (continued)

If the interest in any "side-pocket" (that is, the portion of the Portfolio Fund segregated from other investments for the purpose of allocating gains and losses) is divisible from the interest in the Portfolio Fund (e.g. a separate class of shares), the Investment Manager considers the attributes and characteristics of side-pockets, which typically have less liquidity, separately from the Portfolio Fund in determining the appropriate valuation and level within the valuation hierarchy. Given that side-pockets are generally illiquid with no active market, the side-pocket interests are generally classified as Level 3. When the Portfolio Fund and side-pocket interests are not divisible (e.g. a partnership structure) the Investment Manager considers the significance of the side-pocket value in relation to the Portfolio Fund as a whole in determining the classification of the interest in the Portfolio Fund within the hierarchy. If the side-pocket exposure is deemed significant, the entire investment in the Portfolio Fund is classified as Level 3.

The Trust's investments categorized as Level 3 have been utilizing third party pricing information and were valued at the net asset value, without adjustment. The net asset value reported by the Portfolio Funds may be based upon unobservable inputs and a significant change in those unobservable inputs could result in a significantly lower or higher reported net asset value reported for such Portfolio Funds.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

6. Trust Financial Information (continued)

The following table summarizes the inputs used in accordance with ASC 820, as discussed in Note 2, in determining the fair valuation of the Trust's investments. Funds in which the Trust invested more than 5% of its net assets are individually identified, while smaller investments are aggregated.

December 31, 2014

	Level 1	Level 2	Level 3	Total
Assets at fair value				
Event Driven	\$ -	\$ 14,025,931	\$ -	\$ 14,025,931
Fixed Income	109,675,901	343,172,365	7,871,855	460,720,121
Global Equities Long/Short	-	150,624,713	-	150,624,713
Global Macro/Trading	-	60,788,909	528,130	61,317,039
Compass AGE LLC	-	394,530,665	-	394,530,665
Liquidating stubs	-	-	757,127	757,127
Multi-Strategy				
SSALT Fund Limited	-	2,797,609,039	-	2,797,609,039
Private Equities	-	93,857	73,782,327	73,876,184
Cash Surrender Value of Life Insurance	-	-	4,709,762	4,709,762
US Equities Long/Short	-	466,866	532,130	998,996
Passive US Equities	-	447,632,961	-	447,632,961
Total assets at fair value	\$ 109,675,901	\$ 4,208,945,306	\$ 88,181,331	\$ 4,406,802,538
Liabilities				
Currency Forward Contracts	\$ -	\$ (12,369,835)	\$ -	\$ (12,369,835)
Total liabilities at fair value	\$ -	\$ (12,369,835)	\$ -	\$ (12,369,835)
Total	\$ 109,675,901	\$ 4,196,575,471	\$ 88,181,331	\$ 4,394,432,703

December 31, 2013

	Level 1	Level 2	Level 3	Total
Assets at fair value				
Event Driven	\$ -	\$ 14,647,533	\$ -	\$ 14,647,533
Fixed Income	197,680,768	393,096,721	11,034,628	601,812,117
Global Equities Long/Short	-	131,334,619	-	131,334,619
Global Macro/Trading	-	41,001,418	2,796,903	43,798,321
Compass AGE LLC	-	313,459,059	-	313,459,059
Liquidating stubs	-	-	756,881	756,881
Market Neutral Equities	-	-	-	-
Multi-Strategy				
SSALT Fund Limited	-	2,504,605,595	-	2,504,605,595
Private Equities	-	232,463	73,484,485	73,716,948
Short term Investments	15,162,062	1,284,999	-	16,447,061
Cash Surrender Value of Life Insurance	-	-	5,127,693	5,127,693
US Equities Long/Short	-	21,015,621	748,826	21,764,447
Passive US Equities	-	271,619,818	-	271,619,818
Total assets at fair value	\$ 212,842,830	\$ 3,692,297,846	\$ 93,949,416	\$ 3,999,090,092

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

6. Trust Financial Information (continued)

The following table sets forth a summary of changes in the fair value of the Trust and Plan's Level 3 assets. The changes are due to redemptions from Level 3 investments and the change in liquidity terms of certain investments. Transfers between levels are recorded based on beginning of the year value.

Year ended December 31, 2014

	Balance as of January 1, 2014	Transfers into (out of) Level 3	Purchases	Sales	Realized gain/(loss)	Change in Unrealized appreciation/ (depreciation)	Balance as of December 31, 2014
Strategy							
Fixed Income	\$ 11,034,628	\$ -	\$ 1,642,098	\$ (4,875,137)	\$ -	\$ 70,265	\$ 7,871,854
Global Macro/Trading	2,796,903	-	14,000	(213,196)	9,726	(2,079,302)	528,131
Liquidating Stubs	756,881	-	-	-	-	246	757,127
Private equities	73,484,485	-	11,627,260	(19,379,715)	5,370,204	2,680,093	73,782,327
Cash Surrender Value of							
Life Insurance Policies	5,127,693	-	-	(417,931)	-	-	4,709,762
US Equities Long/Short	748,826	-	-	(141,841)	-	(74,855)	532,130
Total	<u>\$ 93,949,416</u>	<u>\$ -</u>	<u>\$ 13,283,358</u>	<u>\$ (25,027,820)</u>	<u>\$ 5,379,930</u>	<u>\$ 596,447</u>	<u>\$ 88,181,331</u>

Year ended December 31, 2013

	Balance as of January 1, 2013	Transfers into (out of) Level 3	Purchases	Sales	Realized gain/(loss)	Change in Unrealized appreciation/ (depreciation)	Balance as of December 31, 2013
Strategy							
Credit Arbitrage and Distres:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Event Driven	-	-	-	-	-	-	-
Fixed Income	12,853,655	(70,940)	-	(3,494,364)	-	1,746,277	11,034,628
Global Equities Long/Short	-	-	-	-	-	-	-
Global Macro/Trading	6,357,257	-	-	(1,159,998)	562,621	(2,962,977)	2,796,903
Liquidating Stubs	989,916	-	-	-	-	(233,035)	756,881
Market Neutral Equities	1,512,628	(1,512,628)	-	-	-	-	-
Private equities	67,172,719	(1)	17,328,657	(17,370,749)	-	6,353,859	73,484,485
Cash Surrender Value of							
Life Insurance Policies	5,602,024	-	-	(474,331)	-	-	5,127,693
US Equities Long/Short	1,610,797	(996,660)	-	-	-	134,689	748,826
Total	<u>\$ 96,098,996</u>	<u>\$ (2,580,229)</u>	<u>\$ 17,328,657</u>	<u>\$ (22,499,442)</u>	<u>\$ 562,621</u>	<u>\$ 5,038,813</u>	<u>\$ 93,949,416</u>

Net change in unrealized appreciation for Level 3 investments held by the Trust at December 31, 2014 and 2013 were \$596,447 and, \$5,038,813 respectively. The Plan did not have any significant transfers between Level 1 and Level 2 assets during the years ended December 31, 2014 and 2013.

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December 31, 2014 and 2013

6. Trust Financial Information (continued)

Trust net investment income for the years ended December 31, 2014 and 2013 is as follows:

	2014	2013
Investment income		
Interest	\$ 76,120	\$ 254,289
Dividends	1,434,218	1,601,466
Net appreciation in fair value of investments	447,411,686	299,064,316
Other Income	220,907	-
Currency exchange (loss) gain	(33,118)	(38,343)
	<u>449,109,813</u>	<u>300,881,727</u>
Investment expense		
Tax expense/credit	18,591	(1,064,354)
Investment fees	20,939,642	23,187,419
	<u>20,958,233</u>	<u>22,123,065</u>
Less: Income from 401(h) account	15,046	819,176
Net investment income	<u>\$ 428,136,534</u>	<u>\$ 277,939,487</u>

Net appreciation (depreciation) in fair value of investments held by the Trust is as follows:

	2014	2013
Common stocks	\$ (72,921)	\$ 21,185
Forward currency contracts	(31,453,100)	(3,543,391)
Limited partnerships and investment corporations	60,507,143	111,908,187
Commingled investment funds	418,430,564	190,678,335
Net appreciation	<u>\$ 447,411,686</u>	<u>\$ 299,064,317</u>

Investments in Derivatives and Financial Instruments with Off-Balance Sheet Risk

The Trust may enter into forward currency contracts (obligations to purchase or sell non-U.S. currencies in the future on dates and at prices fixed at the time contracts are entered into) to hedge the Trust against fluctuations in the value of its assets or liabilities due to changes in the value of non-U.S. currencies. Each day the forward currency contract is open, changes in the value of the contract are recognized as unrealized gains or losses by "marking to market". When the delivery of the currency is made or taken, the Trust records a realized gain or loss equal to the difference between the cost of closing the transaction and the Trust's basis in the contract. The unrealized appreciation (depreciation) is included in the Trust's net appreciation in fair value of investments, currency

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6. Trust Financial Information (continued)

contracts component. The Trust is subject to off-balance sheet risk to the extent of the value of the contracts for purchases of non-U.S. currencies, and to the full extent of market value changes for sales of contracts of non-U.S. currencies. The Trust had the following forward currency contracts open as of:

December 31, 2014

Contracts to Buy (Sell)	Settlement Date	Contracts to Deliver	December 31, 2014 Market Value	Unrealized Appreciation (Depreciation)
Euros				
97,500,000	January 5, 2015	\$ 123,141,791	\$ 118,696,780	\$ (4,445,011)
97,500,000	April 2, 2015	\$ 118,788,916	\$ 118,077,375	\$ (711,541)
CNY				
272,448,800	January 5, 2015	\$ 44,200,000	\$ 44,525,053	\$ 325,053
(241,403,800)	January 6, 2015	\$ (39,400,000)	\$ (39,451,512)	\$ (51,512)
244,811,900	April 2, 2015	\$ 39,400,000	\$ 39,062,093	\$ (337,907)
MYR				
58,229,460	January 5, 2015	\$ 17,700,000	\$ 16,656,500	\$ (1,043,500)
(55,331,600)	January 5, 2015	\$ (15,800,000)	\$ (15,827,569)	\$ (27,569)
55,774,000	April 2, 2015	\$ 15,800,000	\$ 15,832,292	\$ 32,292
SGD				
56,000,000	January 5, 2015	\$ 43,902,802	\$ 42,391,087	\$ (1,511,715)
52,000,000	April 2, 2015	\$ 39,307,582	\$ 39,186,134	\$ (121,448)
SEK				
318,600,000	January 5, 2015	\$ 44,098,883	\$ 41,041,353	\$ (3,057,530)
306,400,000	April 2, 2015	\$ 39,484,626	\$ 39,153,747	\$ (330,879)
KRW				
27,858,125,000	January 5, 2015	\$ 26,500,000	\$ 25,344,000	\$ (1,156,000)
(25,936,400,000)	January 6, 2015	\$ (23,600,000)	\$ (23,522,946)	\$ 77,054
26,036,700,000	April 2, 2015	\$ 23,600,000	\$ 23,590,378	\$ (9,622)

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Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

6. Trust Financial Information (continued)

December 31, 2013

Contracts to Buy	Settlement Date	Contracts to Deliver	December 31, 2013 Market Value	Unrealized Appreciation (Depreciation)
Euros				
80,000,000	April 2, 2014	\$ 110,276,640	\$ 110,233,600	\$ (43,040)
CNY				
250,612,500	April 2, 2014	\$ 41,000,000	\$ 41,237,610	\$ 237,610
MYR				
54,512,700	April 2, 2014	\$ 16,500,000	\$ 16,552,104	\$ 52,104
SGD				
52,500,000	April 2, 2014	\$ 41,559,799	\$ 41,582,182	\$ 22,383
SEK				
268,000,000	April 2, 2014	\$ 41,545,917	\$ 41,663,492	\$ 117,575
KRW				
26,510,000,000	April 2, 2014	\$ 25,000,000	\$ 24,979,977	\$ (20,023)

7. Investment Options

A brief description of each investment option are as follows:

Currency Deposits Portfolio

Assets are invested in currency deposits held with Deutsche Bank to provide short-term fixed income.

Short-Term U.S. Treasury Money Market Portfolio

Assets are invested in the JP Morgan 100% U.S. Treasury Securities Money Market Capital Shares, JP Morgan Federal MM Institutional Shares and JP Morgan Money Market Institutional Shares, short-term mutual funds, which provide a consistently positive return and preserve flexibility.

Passive Euro Bonds Portfolio

Assets are invested in a broadly diversified portfolio of high-quality bonds, notes and short-term debt securities issued by governments, banks, corporations and other institutions of countries that are members of the European Monetary Union, as well as futures on these securities. The Portfolio's holdings are denominated in Euros.

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Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

7. Investment Options (continued)

Passive Inflation-Linked Bond Portfolio

Assets are primarily invested globally in inflation-indexed bonds of varying maturities issued or guaranteed by the U.S. and other national governments, their agencies, corporations and other issuers.

Passive U.S. Bonds Portfolio

Assets are invested in the Barclays U.S. Debt Index Fund, a commingled fund that holds diversified portfolios of corporate and U.S. government bonds, money market securities, and a variety of other income-oriented instruments with the aim of earning greater returns than other fixed-income alternatives.

Global Private Equity 1997 Portfolio

Assets are primarily invested in private equity partnerships that seek to provide long-term capital growth. These partnerships generally buy companies and attempt to institute an array of positive changes in the companies to substantially increase their value. Invested assets are restricted on a long-term basis, and no new funds may be invested in this option. At December 31, 2014 and 2013 assets in the amount of \$93,857 and \$232,463, respectively, were invested by the Trust in CGPEC – 1997 LLC, and the remaining portion of the portfolio is invested in other assets. CGPEC – 1997 LLC is a related party owned by the Trust and certain shareholders of the Firm, and is advised by MIO Partners, Inc., a wholly owned subsidiary of the Firm.

Special Situations Moderate Portfolio – USD

Assets are primarily invested in the Special Situations Portfolio, limited partnerships, non-U.S. investment corporations and managed accounts to provide a reasonable expectation of growth through hedging strategies. The assets of the limited partnerships, non-U.S. investment corporations and managed accounts are principally invested in equity securities, government obligations and corporate bonds. The partnerships and non-U.S. investment corporations also establish positions through short sales of securities, repurchase and reverse repurchase agreements and derivative financial instruments including interest rate caps and swaps, options, futures and forward contracts for currencies, commodities and other financial instruments. Of the portfolio's assets at December 31, 2014 and 2013, no other country outside of the United States individually accounted for more than 10% of the portfolio's total assets.

Special Situations Moderate Portfolio – Multi-Currency-Hedged Version

The Portfolio aims to provide participants a Multi-Currency Hedged version of a multi-asset-class balanced portfolio. Assets are primarily invested in the Special Situations Portfolio, limited partnerships, non-U.S. investment corporations and managed accounts to provide a reasonable expectation of growth through hedging strategies. The assets of the limited partnerships, non-U.S. investment corporations and managed accounts are principally invested in equity securities, government obligations and corporate bonds. The partnerships and non-U.S. investment corporations also establish positions through short sales of securities, repurchase and reverse repurchase agreements and derivative financial instruments including interest rate caps and swaps, options, futures and forward contracts for currencies, commodities and other financial instruments, and various currencies. Of the portfolio's assets at December 31, 2014 and 2013, no other country outside of the United States individually accounted for more than 10% of the portfolio's total assets.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

7. Investment Options (continued)

Active Global Equities Portfolio

Assets are primarily invested in non-U.S. equities in both developed and emerging markets through third-party asset managers employing aggressive, and sometimes leveraged, equity trading strategies and/or directly through equity and/or currency derivatives. The Portfolio invests mainly in equities, typically both long and short, and in other types of financial and non-financial assets, including currencies, debt securities, indexes and derivatives. Significant parts of the Portfolio may be invested in the Special Situations Moderate Portfolio, the Special Situations Aggressive Long Term Portfolio, and/or other relative value strategies, and it may hold cash investments.

Passive Non-U.S. Equities Portfolio

Assets are invested in non-U.S. securities in developed and emerging markets. As a general rule, individual developed countries will be weighted according to their relative GDPs and rebalanced to that weighting once a year. Individual emerging market countries may be market capitalization-weighted or the asset manager may follow another largely passive approach. These investments are generally made through various investment vehicles managed by third parties. The Portfolio provides diversified participation in the world stock market outside the United States, with a significant emerging markets component, but without the risks or potential advantages of active management. At times, the Portfolio may also hold cash or cash equivalent securities.

Passive U.S. Equities Portfolio

Assets are primarily invested in various vehicles managed by third-party investment managers, but can also be invested by using derivatives such as futures and swaps. The Portfolio might also hold cash and cash equivalent securities, but in general will aim to have full exposure to the U.S. equities market. The Portfolio's holdings of stocks are, in general, weighted to match each stock's position in the Russell 3000 Index.

Special Situations Aggressive Long Term Portfolio

Assets are primarily invested in managed accounts, limited partnerships and non-U.S. investment corporations to provide a high return through specialized investment strategies. The assets of the managed accounts are invested in U.S. and other national government obligations, corporate bonds, equity securities and commingled investment funds. Also, the managers sell securities short. The limited partnerships invest in U.S. and other national government obligations, corporate bonds and equity securities, frequently including securities of troubled companies, undervalued issues and securities with limited markets, as well as leveraged buyouts and real estate related assets. The limited partnerships and non-U.S. investment corporations also establish positions through short sales of securities and derivative financial instruments including interest rate caps and swaps, options, futures and forward contracts for currencies, commodities and other financial instruments. One country accounted for more than 10% of the portfolio's total assets at December 31, 2014 and 2013. No other country outside of the United States individually accounted for more than 10% of the portfolio's total assets at December 31, 2014 and 2013.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

7. Investment Options (continued)

Qualified Plan Life Insurance

The Plan permits participants to transfer funds from the Short-Term U.S. Treasury Money Market Portfolio, or any of the passive portfolios, to the Qualified Plan Life Insurance to acquire and pay premiums on life insurance policies covering the Plan participant and/or any other person in whom the Plan participant has an insurable interest. The balance in the portfolio at December 31, 2014 and 2013 represents the cash surrender value of life insurance policies assigned to the Plan.

Other Portfolios

The remaining Plan assets are invested, principally in Germany, for the benefit of participants in certain non-U.S. countries. The majority of assets invested are not participant-directed (see note 8). The assets are primarily invested in various types of bonds and indexed equities.

8. Nonparticipant-Directed Investments

Information about the net assets and the significant components of the changes in net assets relating to the nonparticipant-directed investments is as follows:

	December 31, 2014	December 31, 2013
Net Assets		
Bonds	\$ 31,741,115	\$ 40,854,179
Limited partnerships and investment corporations	148,794,625	147,488,304
Other assets and liabilities	20,133,354	17,716,208
	<u>\$ 200,669,094</u>	<u>\$ 206,058,691</u>
	Year Ended December 31, 2014	Year Ended December 31, 2013
Changes in net assets		
Net appreciation in fair value of investments	\$ 1,621,645	\$ 12,816,366
Benefits paid to participants	(6,830,215)	(1,999,295)
Administration Fees	(181,027)	(154,385)
Net (decrease)	<u>\$ (5,389,597)</u>	<u>\$ 10,662,686</u>

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

9. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of benefits paid to participants per the financial statements for the years ended December 31, 2014 and 2013 to the Form 5500:

	2014	2013
Benefits paid to participants per the financial statements	\$ 163,396,467	\$ 155,836,473
Add: Amounts allocated to withdrawing participants at December 31, 2014	1,963,086	1,824,227
Less: Amounts allocated to withdrawing participants at December 31, 2013	(1,824,227)	(2,903,841)
Less: Amounts for Roth Conversion	(3,847,602)	(6,601,742)
Less: Other	-	(1,198,272)
Benefits paid to participants per Form 5500	<u>\$ 159,687,724</u>	<u>\$ 146,956,845</u>

The following is a reconciliation of Net Assets available for benefits per the financial statements for the years ended December 31, 2014 and 2013 to the Form 5500:

	2014	2013
Net assets available for benefits per the financial statements	\$ 4,237,743,385	\$3,731,189,737
Less: Amounts allocated to withdrawing participants	(1,963,086)	(1,824,227)
Add: Prior year amounts allocated to withdrawing participants	1,964,643	2,903,841
Other	(20,849)	(939,198)
Net assets available for benefits per Form 5500	<u>\$ 4,237,724,093</u>	<u>\$3,731,330,153</u>

The following is a reconciliation of Contributions per the financial statements for the years ended December 31, 2014 and 2013 to the Form 5500:

	2014	2013
Contributions per financial statements	\$ 307,419,596	\$139,772,952
Less: Roth Rollovers	(3,847,602)	(6,601,742)
Contributions per Form 5500	<u>\$ 303,571,994</u>	<u>\$133,171,210</u>

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Notes to Financial Statements
December 31, 2014 and 2013

10. Related Parties

MIO Partners, Inc. ("MIO"), a wholly owned subsidiary of the Firm, is the Investment Manager of the Trust. MIO manages the investments of the Trust and was reimbursed by the Trust for certain expenses incurred in connection with this role during 2014 and 2013 in the amounts \$20,253,473 and \$22,511,000, respectively. These transactions qualify as party-in-interest transactions or reimbursement of third party expenses. The Plan invests in certain funds which are managed by MIO with a fair market value at December 31, 2014 and 2013 of \$3,346,090,063 and \$2,936,281,784, respectively.

11. Subsequent Events

Events that have occurred subsequent to December 31, 2014 and up to July 31, 2015, the date the financial statements were available to be issued, have been evaluated for recognition or disclosure within the financial statements. The Plan has determined that no additional items require disclosure.

SUPPLEMENTAL SCHEDULE

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2014

(a) Person Known to Be a Party-in-Interest to the Plan	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current value
*	Notes receivable from participants	Loans to participants, prime at origination, maturity dates vary. (interest rate is 3.25%, maturing from 2015-2020)	**	\$ 6,848,807

* Denotes party-in-interest as defined by ERISA.

** Cost information is not required for participant-directed accounts.

McKinsey & Company, Inc.
Profit-Sharing Retirement Plan
Schedule H, Line 4i-Schedule of Assets (Held at End of Year)
December 31, 2014

(a) Person known to be a party-in-interest to the plan	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	McKinsey Master Retirement Trust	Investment in Master Trust	***	\$ 4,234,898,401
*	Notes receivable from participants	Loans to participants, prime at origination, maturity dates vary. (interest rate varying from 3.25%, maturing from 2015-2020)	**	\$ 1,449,326
*	Denotes part-in-interest as defined by ERISA.			
**	Cost information is not required for participant-directed accounts.			
***	The cost reflects only the non-participant directed investment in the amount of \$24,810,824.			